

Revision: HCFA-PM 91-4 (BPD)  
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A  
Page 1  
OMB No.: 0938-

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: TexasINCOME ELIGIBILITY LEVELS

## A. MANDATORY CATEGORICALLY NEEDY

## 1. AFDC Related Groups Other Than Poverty Level Pregnant Women and Infants:

Family Size	Need Standard	Payment Standard	Maximum Payment Amounts
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See Supplement 1 to Attachment 2.6-A, Page 1a

## 2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

133 percent      XX\* percent (no more than 185 percent)  
(specify)

Family Size	Income Level
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

\* See page 3 of Supplement 1 to Attachment 2.6-A.

STATE <u>Texas</u>	A
DATE REC'D <u>JUN 30 1994</u>	
DATE APV'D <u>JUL 28 1994</u>	
DATE EFF <u>APR 01 1994</u>	
HCFA 179 <u>94-24</u>	

TN No. 94-24  
Supersedes 94-24 Approval Date JUL 28 1994 Effective Date APR 01 1994  
TN No. 94-24

State: Texas

Income Assistance Medical Programs  
Income Limit Chart

Family Size	Non-caretaker Cases	Caretaker Cases without Second Parent	Caretaker Cases with Second Parent
1	\$64	\$78	----
2	92	163	\$125
3	130	188	206
4	154	226	231
5	198	251	268
6	214	288	294
7	267	313	330
8	293	356	356
9	337	382	399
10	363	425	425
11	406	451	468
12	432	494	494
13	475	520	537
14	501	563	563
15	544	589	606

Per  
each  
add'l  
member

\$173

\$173

\$173

STATE <u>Texas</u>	A
DATE REC'D <u>JUN 13 1996</u>	
DATE APPL'D <u>AUG 23 1996</u>	
DATE EFF <u>APR 01 1996</u>	
HCFA 179 <u>96-12</u>	

SUPERSEDES: TN. 94-22

State: Texas

A.4. Continued

<u>Family Size</u>	<u>Income Level</u>
<u>6</u>	\$ <u>2763.00</u>
<u>7</u>	\$ <u>3111.00</u>
<u>8</u>	\$ <u>3460.00</u>
<u>9</u>	\$ <u>3808.00</u>
<u>10</u>	\$ <u>4156.00</u>
<u>11</u>	\$ <u>4505.00</u>
<u>12</u>	\$ <u>4853.00</u>
<u>13</u>	\$ <u>5202.00</u>
<u>14</u>	\$ <u>5550.00</u>
<u>15</u>	\$ <u>5898.00</u>

Per each  
additional  
member

\$ 348.00

STATE <u>TX</u>	A
DATE REC'D <u>3-30-92</u>	
DATE APPV'D <u>4-20-92</u>	
DATE EFF <u>3-1-92</u>	
HCFA # <u>92-09</u>	

*Supervisor - 91-34*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

STATE <u>Texas</u>	APR 09 1992	A
DATE REC'D	APR 29 1992	
DATE APP'D	APR 01 1992	
DATE EFF	92-10	
HCFA 179		

TN No. 92-10  
Supersedes 91-34  
Approval Date APR 29 1992  
Effective Date APR 01 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>1,194</u>
<u>2</u>	\$ <u>1,598</u>
<u>3</u>	\$ <u>2,002</u>
<u>4</u>	\$ <u>2,405</u>
<u>5</u>	\$ <u>2,809</u>
<u>6</u>	\$ <u>3,213</u>
<u>7</u>	\$ <u>3,617</u>
<u>8</u>	\$ <u>4,021</u>
<u>9</u>	\$ <u>4,425</u>
<u>10</u>	\$ <u>4,829</u>
<u>11</u>	\$ <u>5,233</u>
<u>12</u>	\$ <u>5,637</u>
<u>13</u>	\$ <u>6,041</u>
<u>14</u>	\$ <u>6,445</u>
<u>15</u>	\$ <u>6,849</u>

Per each  
additional  
member

\$ 404

STATE <u>Texas</u>	A
DATE REC'D <u>06-21-96</u>	
DATE ADPT'D <u>08-19-96</u>	
DATE EFF <u>04-01-96</u>	
HCFA 179 <u>96-13</u>	

TN No. 96-13  
Superseded 94-24 Approval Date 08/19/96 Effective Date 04/01/96  
TN No.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO THE  
SUPPLEMENTAL SECURITY INCOME (SSI) FEDERAL BENEFIT RATE

In accordance with 42 CFR 435.231, the State allows eligibility for  
individuals in institutions who are eligible under a special income  
level as follows:

Type of Medical Institution

<u>XX</u>	Nursing Facilities Income Eligibility Amount	300% of FBR
<u>XX</u>	ICF/MR Facilities Income Eligibility Amount	300% of FBR
<u>XX</u>	Acute Care Hospitals Income Eligibility Amount	Any amount under FBR
<u>N/A*</u>	Inpatient Psychiatric Facilities for Under Age 21 Income Eligibility Amount	
<u>XX</u>	Institutions for Mental Diseases for Individuals 65 & Over Income Eligibility Amount	300% of FBR

STATE <u>Texas</u>	DEC 27 1994
DATE RECD <u>AUG 24 1995</u>	
DATE ST <u>NOV 16 1994</u>	
HCFA 174 <u>94-30</u>	

A

\* Only through OBRA '89 EPSDT mandate

TN No. 94-30  
Supersedes 94-25 Approval Date: AUG 24 1995 Effective Date: NOV 16 1994  
TN No. 94-25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: Texas

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows: (1) \*

Based on \_\_\_\_\_ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
Supersedes \_\_\_\_\_  
TN No. 87-10, Supp 1 to Attachment 2.6-A, pg 3 HCFA ID: 7985E

\* Pen & ink correction made  
in accordance with PM-93-5  
& TN-93-18.

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APPV'D <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-34</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY

State: Texas

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p) (2) (A) of the Act are as follows:

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: ☒ 85 percent ☐ \_\_\_\_\_ percent  
(no more than 100)

Eff. Jan. 1, 1990: ☒ 90 percent ☐ \_\_\_\_\_ percent  
(no more than 100)

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

Income Levels

1  
2

\$ 568.00  
\$ 766.00

CA. QUALIFIED DISABLED WORKING INDIVIDUALS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified disabled working individuals under the provisions of section 1905(s) of the Act are as follows:

Family Size

Income Levels

1  
2

\$ 1,136.00  
\$ 1,532.00

TN. No. 92-15  
Supersedes 92-07 Approval Date 5/26/92 Effective Date 4/1/92  
TN. No. 92-07

HCFA ID: 7985E

STATE	<u>TX</u>
DATE REC'D	<u>5-4-92</u>
DATE APP'D	<u>5-26-92</u>
DATE EXP.	<u>4-1-92</u>
HCFA 179	<u>92-15</u>

A



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1989 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989:    80 percent    percent (no more than 100)

Eff. Jan. 1, 1990:    85 percent    percent (no more than 100)

Eff. Jan. 1, 1991:    95 percent    percent (no more than 100)

Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

Income Levels

  1    
  2  

\$             
\$           

TN No. 91-34 Approval Date JAN 14 1992 Effective Date OCT 01 1991  
Supersedes \_\_\_\_\_  
TN No. 91-21, Supp 1 to Attachment 2.6-A, pg 4 HCFA ID: 7985E

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 11 1991</u>	
DATE APPV'D <u>JAN 14 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-34</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

XXX Applicable to all groups.      Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>one</u> month <del>x</del>	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1/</sup>	Net income level for persons living in rural areas for <u>    </u> months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1/</sup>
	<u>    </u> urban only			
	<u>XXX</u> urban & rural			
1	\$ 104.00	\$	\$	\$
2	\$ 216.00	\$	\$	\$
3	\$ 275.00	\$	\$	\$
4	\$ 308.00	\$	\$	\$
For each additional person, add:	\$	\$	\$	\$

<sup>1/</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

STATE <u>Texas</u>	A
DATE REC'D <u>JUN 30 1994</u>	
DATE APPV'D <u>JUL 28 1994</u>	
DATE EFF <u>APR 01 1994</u>	
HCFA 179 <u>94-22</u>	

TN No. 94-22  
Supersedes 91-36 Approval Date JUL 28 1994 Effective Date APR 01 1994  
TN No. 91-36

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Texas

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>one</u> month <del>xx</del> <u>urban only</u> <u>XXX urban &amp; rural</u>	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1/</sup>	Net income level for persons living in rural areas for <u>months</u>	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1/</sup>
5	\$ 357.00	\$	\$	\$
6	\$ 392.00	\$	\$	\$
7	\$ 440.00	\$	\$	\$
8	\$ 475.00	\$	\$	\$
9	\$ 532.00	\$	\$	\$
10	\$ 467.00	\$	\$	\$
For each additional person, add:	\$	\$	\$	\$

<sup>1/</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

STATE <u>Texas</u>	A
DATE REC'D <u>JUN 30 1994</u>	
DATE APP'D <u>JUL 28 1994</u>	
DATE EFF <u>APR 01 1994</u>	
HCFA 1/9 <u>94-22</u>	

TN No. 94-22  
Supersedes 91-36 Approval Date JUL 28 1994 Effective Date APR 01 1994  
TN No. 91-36

Supplement 1 to Attachment 2.6-A  
Page 9a

State Texas

D. Medically Needy (Continued)

<u>Family Size</u>	<u>Income Level</u>
<u>11</u>	\$ <u>624.00</u>
<u>12</u>	\$ <u>659.00</u>
<u>13</u>	\$ <u>716.00</u>
<u>14</u>	\$ <u>751.00</u>
<u>15</u>	\$ <u>808.00</u>
Per each additional Member	\$ 57.00

STATE <u>Texas</u>	A
DATE REC'D <u>JUN 30 1994</u>	
DATE APPL'D <u>JUL 28 1994</u>	
DATE <u>APR 01 1994</u>	
HCLA 179 <u>94-22</u>	

SUPERSEDES: TN • 91-36